

Case study:

Socially Sustainable Malmö

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Case study: Socially Sustainable Malmö

Summary

In 2010, the politically appointed Executive Board of the city of Malmö, Sweden decided to set up an independent commission with the aim of reducing the region's persistent health inequalities by tackling their underlying causes. The decision was inspired by the 2008 WHO Commission on the Social Determinants of Health, and built on a tradition of multi-sectoral approaches towards sustainability dating back to the 1980s. The task of the Malmö Commission was to make recommendations on how the city could develop as an ecological and social role-model with strong economic growth, through its influence on areas such as preschools, work environments, physical planning, residential environment and the conditions affecting residents' ability to support themselves.

The Commission's 14 commissioners were drawn from a mix of local researchers and practitioners and met 11 times over two years. Its final report, published in 2013, was informed by a series of background reports and extensive stakeholder dialogue. It made two overarching recommendations:

1. to establish a social investment policy to reduce inequities in living conditions and make society's systems more equitable
2. to change processes by creating knowledge alliances and democratised management in which members of the community are engaged in the development and implementation of city policies.

These overarching recommendations were accompanied by 72 specific actions to address the everyday conditions of children and adults in the city, from education through to employment, housing, income and the urban environment.

Malmö City's high-level Executive Board of elected officials endorsed the Commission's report and instructed the executive City Office to oversee the process of translating the recommendations into practice. A city-wide, cross-departmental steering group was set up to review the Commission's recommendations. It published a framework of feasible actions for individual departments to work towards in 2014. Each department identified an individual manager with designated responsibility for leading implementation of the Commission's recommendations. They were supported by a small team from the City Office which worked across the city to raise awareness and build understanding of the Commission's recommendations through a mix of communications, dialogue, workshops and conferences, facilitating knowledge exchange and sharing good practice.

In addition to the 72 specific actions, a key implementation priority has been on securing a change in culture across the city in support of the two overarching recommendations described above. The planning department provides some examples of how municipal departments have begun to implement social investment policies and democratised governance processes in line with these recommendations. For example, following a process of bottom-up community engagement in decision-making process in the Lindängen city district, the department is now incentivising its contractors to employ individuals from the deprived district in the building and renovation projects it commissions. The department is also exploring how it can better assess the impacts of its projects and investments on social indicators and outcomes.

An official evaluation of the impacts and outcomes of the Commission is due to commence in late 2018. In the meantime, the City Office has published three annual progress reviews of social sustainability across Malmö from 2015–2017. Outcomes that provide evidence of progress include:

1. Annual city budgets for Malmö now include reference and tasks relating to the Commission for all committees across the municipality
2. Evidence of community engagement and democratised governance in policy development and implementation.
3. Efforts are underway to build knowledge, expertise and capacity in areas such as assessing social and economic evaluations.

Among the lessons learned, the Malmö Commission's success so far can in part be attributed to:

- The high visibility of the 'problem' that meant there was a high level of public and political support for action
- The high-level political commitment that has ensured that social sustainability is maintained as a priority at the highest level of the city's governance structure.

However, there are a number of ongoing challenges to implementation which include:

- Budget deficits that have hampered investments in some departments
- Difficulty in measuring some of the impacts of Malmö's approach to social sustainability; e.g. objectives such as institutional culture changes are difficult to assess
- Tensions that have emerged between the current approach to annual budgets and planning cycles and the longer-term goal of socially sustainable investment.

Health inequities are prevalent throughout the UK and the case study from Malmö provides lessons on how long-term culture change and democratised decision-making processes can be supported within institutions such as local authorities. Similarly, the official evaluation in 2018 may provide lessons for UK actors on the process of evaluating complex interventions.

Introduction

Malmö is located in southern Sweden, in the Skåne region close to Denmark. It is the third largest city in Sweden with a population of 323,000 at the end of 2015.⁽¹⁾ Half of the city's residents are under the age of 35 and about a third of the population was born outside Sweden with around 170 nationalities represented.^(1, 2) Malmö is part of the Öresund region which is a functional area including Malmö and other cities including Greater Copenhagen, linked by the Öresund Bridge which opened in 2000. As of 2011 the Öresund region had a population of 3.8 million and is the largest labour market in the Nordic region.⁽²⁾

Malmö was a prosperous industrial city in the 1960s and early 1970s. This growth was supported by an influx of immigrants in the 1950s and 1960s which supported strong ship-building and textile industries. From the mid-1970s to the mid-1990s the city saw a decline in demand for industry and a rise in unemployment. It is thought some of the sharp rise in unemployment was due to the influx of refugees from the former Yugoslavia, welcomed by Sweden in the early 1990s.⁽²⁾

Since the mid-1990s, the city has seen a post-industrial transition and is now considered one of the fastest growing cities in Europe. The largest sectors of the current economy include retail and communications, finance and consulting, and health and welfare.^(1, 2) Today, the city functions as an arrival area and transit hub for the region and those coming to Sweden from outside Scandinavia. The young population indicates the city may be seen as a good place to be established and educated while having access to the movement of people, goods and services.⁽³⁾

The health inequities in Malmö were well evidenced prior to the Commission starting its work. Across the city districts there was a difference in life expectancy of 5.4 years for men and 4.6 years for women, with both men and women with the highest levels of education having the longest life expectancy. At the time, men and women in Malmö had an average life expectancy one year shorter than the rest of Sweden.⁽³⁾ Despite women in general having longer life expectancies than men, in Malmö women as a whole have poorer health than men, with, for example, a higher number of days off work due to long-term sickness and fewer in-work sickness and injuries being compensated.⁽³⁾

A clear difference in the health of Malmö residents born in Sweden and those born abroad was also identified. Access to jobs and social services were identified as being barriers to and social determinants of immigrant health in the city. For example, of men and women born in Iraq only 10 per cent were employed despite 40 per cent of this population having an education level of 12 years or more. The Iraqi population, with high rates of unemployment and being physically segregated in specific areas of the city, had an incidence of obesity twice as high as Swedish born residents.⁽³⁾

The inequalities in children's health across Malmö were also documented. For example, statistics from dental clinics across the city showed clear differences in dental health among six-year-olds depending on which clinic they visited – an indicator of where in the city their family lived. Poor dental health was approximately six times more common at clinics located in areas with large proportions of adults outside the labour market and with low income households.⁽³⁾

Malmö City officials recognised that the city's widening health inequalities were associated with significant costs. These were estimated at 3–7 billion Swedish Krona as a result of the burden on health and social services, as well as losses through reduced productivity and premature mortality.⁽⁴⁾ It also recognised that unequal circumstances and disparities were drivers of civil unrest and polarisation, reduced confidence in social institutions and weakened participation in society.⁽⁴⁾

This case study describes the Commission for a Socially Sustainable Malmö and the subsequent package of policies adopted in the city of Malmö, Sweden to improve the distribution of health across the city and help it to grow sustainably across its social, financial and ecological dimensions. The decision was inspired by the 2008 WHO Commission on the Social Determinants of Health, and built on a tradition of multi-sectoral approaches towards sustainability dating back to the 1980s.

Timeline

Year	Event
2004	New Swedish Public Health Objective Bill (with welfare indicators, monitored yearly)
2008	WHO Commission on the Social Determinants of Health report published and presented at the Socialdemokraternas Kongress (National Conference) in Stockholm ⁽⁵⁾
2010	Public health policy developed locally in Malmö
2010	Decision made by Malmö City Executive Board to set up a Commission to tackle health inequalities and the underlying causes
2011	The Commission for a Socially Sustainable Malmö started working with the European Review of Social Determinants and the Health Divide
2012	Delivery of an interim report from the Commission in March to synchronise with the municipal budget process and the new city plan for Malmö A final report was submitted to Malmö City Executive Board in November
2013	<i>Malmö's Path Towards a Sustainable Future: Health, Welfare and Justice</i> was published by the Commission ⁽³⁾
2014	The <i>Comprehensive Plan for Malmö</i> was published to guide development over the next 20 years ⁽⁶⁾
2015	Follow-up report published with progress report and recommendations for continuing work ⁽⁷⁾
2016	Follow-up report published with summary of ongoing work ⁽⁸⁾
2017	Follow-up report published with progress report on review assignments ⁽⁹⁾
2017	Office for Sustainable Development at the Malmö municipality offices established

The intervention

Phase 1: Establishing the Commission

In 2004, the national Public Health Objective Bill was published with an aim to provide the 'societal conditions for good health on equal terms' for the entire population.⁽¹⁰⁾ A social democratic government supported by the left and the green parties developed the public health policy, passed by the Swedish Riksdag (government) in 2003 and implemented in 2004. This bill mandated the monitoring of 11 domains of public health objectives and 50 indicators.

In 2008 the WHO Commission on the Social Determinants of Health published a key report, and the findings were presented at a national conference in Stockholm which was organised by the Swedish Commissioner on the WHO Commission.⁽⁵⁾ The WHO report demonstrated how and what action could be taken at the local level to address growing inequalities in the city, and helped catalyse the development of the Malmö Commission. Delegates from the city of Malmö attended the event, as reducing health inequalities was already a priority for the city. An annual welfare report covering 50 indicators on the health status of Malmö residents had been produced in the city since 2002. This report had shown that, despite there already being 40 specific policies with over 200 targets aimed at 'creating social conditions for good health on equal terms', health inequalities had continued to rise.

'...we could see the average health improvement, if you look in general terms, both in life expectancy and... prevalence, and unemployment, but at the same time we could see that the health gap was increasing.'

Source: Key informant from the health sector

Between 2008 and 2010, representatives from Malmö – including elected officials and civil servants from the municipality – held meetings and discussions with key stakeholders and experts such as the Swedish WHO Commissioner to discuss how the lessons from the WHO Commission could be translated into action in Malmö.

In 2010 following this process, a decision was made by the Malmö City Executive Board to establish the Commission for a Socially Sustainable Malmö. The Malmö City Executive Board is elected by the council. It is regarded as Malmö's government, as it consists of representatives of the:

- Quality and Democracy Directorate
- City Ecology and Consumer Directorate
- Integration and Employment Directorate
- Care and Welfare Directorate
- Culture and Recreation Directorate
- Children and Youth Directorate
- Housing and Urban Environment Directorate and
- Finance Directorate.

They noted that within the city there were health inequalities that the municipality had the mandate to influence through areas such as preschools, work environments, physical planning, residential environment and the conditions affecting residents' ability to support themselves. There was also an

ambition within the Executive Board to work towards sustainable development from all perspectives and with a greater awareness of and focus on the social dimension of sustainability.⁽¹¹⁾

Over the course of nearly two years following the decision to establish the Commission, the city engaged in an extensive consultation process. This included workshops and dialogues with a range of stakeholders to determine the structure, scope, process and priorities for the Commission.

'[There were] a lot of workshops and dialogues with a whole bunch of different stakeholders, what would be the tasks of the commission, how would it be set up, who would be involved, what are the questions for this commission to be asking?... I would say, it took almost, yes, almost two years, a year and a half, from this initiative to the decision and the commission that was set up... It was good that it took so long time [sic], and it involved a lot of stakeholders beforehand, because you can see now, if you look back, that those that were involved already then, are now the ones that are working hard with action and implementation.'

Source: Key informant from the health sector

The decision to appoint the Commission did not come without resistance. At least two opposition parties within the city were against it. In general, parties out of power are in the position to oppose government agendas with little cause; however in this case both parties expressed specific concerns that the Commission was not necessary. One argued that it was already clear what was causing inequality in Malmö and that was the number of foreigners moving to the city and the Commission was unnecessary. The other argued that the problem of inequalities in Malmö was so great that there was nothing to be done about it and therefore the Commission would be a futile exercise.

'... I mean, this is the opposition's job, is to not support decisions from the ruling party, so... They said that this is... Yes, you've done so much already to damage the city of Malmö, and this won't do any difference [sic].'

Source: Key informant from the health sector

Phase 2: The Commission

The Commission was launched in 2011 and met 11 times over two years. It consisted of 14 commissioners who were a mix of academic researchers and practitioners working in the city of Malmö. The Commission was coordinated by a dedicated secretariat of four people which included a General Secretary and a communications manager. Additional in-kind support was provided by the municipality. The Commission's work process involved three parallel processes: i) compilation of background reports; ii) stakeholder dialogue and analysis; and iii) the production of interim and final reports.

'It was a commission with 14 commissioners, and the nine researchers came from different research areas, education, social medicine, early childhood development, work, environment. So, it was a broad setup, pretty much based on the social determinants of health. Then we had four people that were head officials within the municipality, city planning, education, social service, and environmental planning, and those became... That was the commission,

and then we had, I don't remember the number exactly, but... senior advisors, such as Sir Michael Marmot, myself, and key stakeholders in Sweden and in the municipality.'

Source: Key informant from the health sector

Background reports

Working together with approximately 50 external researchers, the Commissioners undertook a comprehensive, evidence-based analysis of the nature of Malmö's health status and the associated social determinants. These social determinants included gender, social capital, unemployment, childhood and adolescence, work, and welfare. The comprehensive analysis was published in the form of 31 reports which provided an overview of the evidence from this research and recommendations for action. For example:

'One example was, one of the commissioners worked out a research report about preschool and the connection to health and young people's development, and he wrote out a draft, and then he invited about 20, 30 people from the preschool, organisation heads and preschool teachers, and discussed the outcome, and then he rewrote the report, and then he had a new workshop with them... Now, he's still involved, actually, supporting the preschool administration, and the CIO for the preschool, the director of the preschool, he said in an article for an interview, that he uses this as his bible, this Marmot report, and I think that's not because he'd read it, he was actually involved in developing.'

Source: Key informant from the health sector

Stakeholder dialogue

The background reports served as discussion papers to facilitate a process of active dialogue and consultation between the Commission and stakeholders within Malmö. Around 2,000 individuals were engaged in a process of participatory action research through 30 public and private events, workshops and seminars. These stakeholders included actors from the private sector, interest groups, professional organisations and city residents. They shared their knowledge and experiences of the issues, and took part in the analysis and the shaping of the strategies that were recommended in the final report of the Commission.

The Commission's stakeholder engagement process also extended beyond the city of Malmö to include representatives of the Swedish Government, national associations, regional bodies, research institutes, trade and industry actors, the culture sector and other European cities with similar challenges to Malmö.

'So, we had workshops, we had reference groups, we had small groups, we had big groups, we had interaction with the civil sector, and within the municipality, and the private sector, and other researchers... It was, yes, this was also part of just preparing this policy process, to define stakeholders and to define who is important to be involved.'

Source: Key informant from the health sector

The Commission attempted to have a fully transparent process. For example, not just the city's Executive Board but all local political parties were given an opportunity to engage and ask questions about what was being done and why.

'It was a transparent process, and not just to the city's executive board, but to the different political parties. That might have played some role, that they were also involved in the sense of being able to ask questions and understand what we did, and why.'

Source: Key informant from the health sector

Final report

The final report from the Commission provided an overall analysis of outputs generated from the background research and stakeholder dialogues. The strategies and recommendations were based on the available evidence, their ability to address structural determinants of health inequalities, as well as cost and cost-effectiveness considerations, where available. The report included recommendations for the Malmö municipality, and the regional and national governments, as well as non-governmental organisations such as voluntary and community organisations and businesses. The Commission delivered an interim report in March 2012 and following a period of consultation and finalisation, the final report was delivered to the Malmö City Executive Board in November 2012.⁽¹¹⁾

The Commission's two linked overarching recommendations were:

1. to establish a social investment policy to reduce inequities in living conditions and make societies systems more equitable⁽⁹⁾
2. to change processes by creating knowledge alliances and democratised management.^(4, 11)

In practice, these overarching recommendations were meant to encourage the municipality to create internal and external approaches and processes for cooperation to support long-term approaches for decision making.

In addition, the Commission included 24 objectives and 72 recommended actions which also supported the ultimate goal to promote socially sustainable development and reduce health inequities. The actions were grouped into six domains across the major determinants of health:⁽³⁾

- everyday conditions during childhood and adolescence
- residential environment and urban planning
- Education
- income and work
- health care
- transformed processes for sustainable development through knowledge alliances and democratised management.

Phase 3: Implementing the policy recommendations of the Commission

Implementing the Commission's recommendations was supported at the highest political and administrative levels in the city. Malmö City's Executive Board of elected officials (politicians) from each of the city's administrations, and chaired by the Mayor of Malmö, endorsed the Commission's report and recommendations and oversaw the process of translating the recommendations into

practice. The City Office was provided with 3.5 million Swedish Krona in funding during 2014 to promote, coordinate and monitor the work of the Commission by the City Council Executive Board. As part of this process, Malmö City's Chief Executive Officer established a cross-sector steering and management group for social sustainability to oversee implementation of the Commission's recommendations within the Office. Chaired by the municipality's Chief Executive Officer, the steering group included executive officers from different administrations (departments) within the City including the environment, social resource, cultural, labour market, upper secondary and adult education, and welfare.

The implementation process began with the establishment of a short-term steering group which brought together representatives from local government administrations (departments) across the city, as well as representatives from the City Office who had overall responsibility for coordinating the implementation of the recommendations. The steering group was chaired by the director of one of the departments. It was tasked with reviewing the Commission's overarching recommendations in order to develop a framework of feasible actions which individual departments and other collaborators could work towards and be monitored on. This work culminated in the report: *Continuing work for a socially sustainable Malmö: An approach for the City of Malmö from 2014.*⁽⁴⁾

As part of the framework for action, all departments were tasked with implementing the two overarching recommendations of the Commission. The goal of the first recommendation was focused on helping to bring about a change in the culture of the municipality's approach. The goal of the second was focused on describing how the change in culture might be achieved – through the establishment of knowledge alliances and democratised governance.

'Because the first one, the social investment policy, that's more of what should you do. And the knowledge alliance and governance is more how, overarching...'

Source: Key informant from the health sector

In addition, 70 specific detailed actions focusing on the 'what' were sorted by department in three categories:

1. those actions which focused on what was already being done, and encouraged more of the same
2. those actions which recommended a slight change to existing actions
3. those actions which recommended new actions to be taken up.

'And the 72 recommendations are more concrete. You should map a... Or, for example, decrease the number of drop-outs from school. That's more concrete. But doing it as part of a social investment policy and through knowledge alliances, that's more of a how do we do that question. So those are really overarching recommendations and then 72 more concrete...'

Source: Key informant from the health sector

Illustrative examples of the different types of recommendations across different types of administrations are provided in Table 1 (see page 11).

Implementation of the framework of recommendations was then led by individual administrations and institutions within the municipalities, with the support of a small team of civil servants located

within the City Office. The City Office team worked with various governance bodies and administrations across the city to support implementation by:

- developing and implementing a comprehensive communications strategy across a variety of media including newsletters, films, media articles.
- raising awareness and helping to develop understanding of the Malmö Commission's recommendations through dialogue and workshops.
- facilitating knowledge exchange and sharing examples of good practice.
- working with and supporting the designated 'assignment managers' from each of the administrations, who were individuals with designated responsibility for leading individual department implementation of the Malmö Commission.
- coordinating the production of annual 'follow-up' reports which summarised the progress made across the agreed recommendations (see the Evaluation section).

Describing how the City Office supported the process of bringing about a culture shift across the municipality towards integrating social sustainability, a key informant said:

'I mean it is an overarching recommendation and it's... It's a few hard words to understand. What is a knowledge alliance? And what is democratised governance? And how do we respond to that as the board for culture and leisure, for example? Or the board for social service? What does that mean for us? Do we need to do something differently? Do we need to do something new? Do we need to not do certain things? So that was one of the recommendations...

'It's I would say a dialogue, showing concrete examples. The follow-up reports. And then support from this team, the city district. And... Maybe we could say it's through three things. It's been a top-down decision, "You should do this. All of you. You should involve these two overarching recommendations in everything that you do. And you should report that in the yearly welfare report or yearly report." So that's one way, the top-down.

'And then, when it comes to the, "So how do we do this then?", for some of the boards, it's been more easy and some it's been more tricky. So we've had an education workshop to support the... I told you earlier about the managers for the assignments. They have been part of a group, so they got support and supported each other, "What does this mean for us?" Inspiring others. We've had newsletters showing examples. Films that have communicated what is a knowledge alliance, how is that supposed to be understood, and showing examples, so that you could reflect on your practice to others' experience.'

Source: Key informant from the health sector

Table 1. Examples of policy recommendations and assessment of progress between 2014 to 2017 (4, 7, 8, 9)

Intervention/policy	2014	2015	2016
<u>The preschool education administration:</u> <i>Survey where children outside are preschool followed by active outreach work and adapted information to parents who do not have their children in preschool (2.1.2.1, p.85)¹</i>	'On the basis of this survey and the active outreach work planned by the preschool education administration, currently no further work is needed concerning this action.'	Green light An in-depth audit of why parents choose to send their children to preschool was carried out and actions suggested to increase enrolment.	n/a
<u>The compulsory education administration:</u> <i>Early and regular monitoring of children's language development followed by early interventions when needed. This applies to both the Swedish language and other native languages (2.1.3.1, p.89)</i>	'Within the compulsory education administration efforts are ongoing concerning the early follow-up and support of the children's language development within Skolsatsning 2012 (School Investment 2012).'	Yellow light School Investment 2012 led to a lasting change process in how schools work with language development.	Green light Regular monitoring and early intervention have been established.
<u>The City Office:</u> <i>Develop and implement a municipal action plan to reduce child poverty (1.1.2.1, p.60)</i>	'... families with children who have received social assistance for more than six months should be a priority group in terms of interventions aimed at reducing the cost of social assistance and increasing the employment rate. Efforts can be both alleviative and preventive, and the municipality can and should do both.'	Yellow light A review underway – a target for the exact wording has not been introduced.	Yellow light Following an interim report a draft action plan is being reviewed by all city departments on track for approval to become guidelines for city council targets.
<u>The environment administration:</u> <i>Use investments in the physical environment as an engine for local employment and urban development (2.2.2.2, p.110) AND Invest in two major city improvement projects – 'Amiralsstaden' and 'Bygga Om Dialogen' (Rebuild Dialogue) (1.2.2.4, p.73)</i>	'Funding of the Bygga Om Dialogen is ensured during 2014. If there is a need for further decisions concerning the continuing work, the Environmental Committee will go back to the City Executive Board.'	Red light The case for the City Executive Board about continuing to develop 'Bygga Om Dialogen' as a model has not led to any decisions.	Red light The 'Amiralsstaden' project did not commence until 2016. As yet there is nothing to carry out a social impact assessment of.

¹ Location of policy in *Continuing work for a socially sustainable Malmö: An approach for the City of Malmö from 2014* (City of Malmö, 2014).

Some specific examples of how the policy recommendations were implemented are described below.

City planning administration incorporated social sustainability and democratised governance

One of the actions that flowed out of the overarching recommendation for the establishment of social investment policies was for the planning department to refocus its planning approach in one city district with higher inequalities towards helping to improve healthy living and housing conditions through its work.

‘So instead of focusing on building more apartments and building a new road, it’s to increase health and healthy living conditions. And that’s one example of a mind shift where you have a social investment policy in the back of your head.’

Source: Key informant from the health sector

Among the ways in which this process of culture change has occurred in practice, the city planning administration has taken steps to democratise governance by adopting more ‘bottom-up’ approaches to engaging with the community and other stakeholders in the decision-making process:

‘... in one of the low income city districts called Lindängen, with low education level, not high, and income inequalities or low incomes and high poverty, it’s like a whole new way of managing city districts, where you have bottom-up processes with great involvement with citizens, together with the Malmö University. It’s not real estate companies, but what are those called that build buildings?’

Source: Key informant from the health sector

The administration has also begun to use its procurement process to strengthen social outcomes, for example by creating jobs in renovation and building which are filled by local people:

‘Yeah. And also NGOs. What you do there is you define a budget together and the city of Malmö have used their tools, for example, with social clauses. So you get this cheap landmark if you commit yourself to be involved in the city development and employ people from the city districts.’

Source: Key informant from the health sector

The planning administration is looking into how it can better assess the impacts of its investments not just on economic outcomes, but also on social indicators and outcomes such as health:

‘Tomorrow, for example, we are going to sit down with the private sector, like real estate companies, together with architects and city planners. What’s needed then is to get other impact evaluations than just the economical [sic] aspects. So while doing this city investment change within the city, they are now asking, “OK, what indicators do we need that can show some improvement in health and living conditions?” We know how to calculate X new buildings, but not how we can improve the lives of people.’

Source: Key informant from the health sector

Culture administration reviewed the distribution of cultural activities

The Commission made a recommendation for the culture administration to map who they reach with which culture and leisure activities and what, if any, improvements could be made so that the accessibility of leisure and culture activities is more equally distributed throughout the city. The mapping identified an unequal distribution in the availability of and access to activities and facilities. It found, for example, that more central areas of the city had a greater concentration of cultural facilities compared to those on the outskirts, while access also varied between different groups of the population. This information led to a shift in prioritisation within the administration.

In one example that came out of this change in approach, the municipal corporation, Malmö City Theatre, strengthened its partnerships with the city's schools. As a result, mid-week daytime performances were introduced in schools as a way of helping to compensate for cutbacks in art subjects on the school curriculum; and schools have begun to provide input to the theatre's productions.

In another example, the culture administration established 'swap shops' to increase access to leisure activities among individuals for whom lack of equipment was a barrier to participation:

'Almost like a swap shop where you can hand in sports equipment and culture equipment that can be given out and organised so that not having football shoes won't make you not play football. So that's one example of a mind shift on the distribution of your responsibility. Who is it that gets access to culture and leisure? It is unequal? Yes. What can we do to redistribute and make it more equal and accessible? And that's one other example of the mind shift.'

Source: Key informant from the health sector

Social investment fund

An outcome of the Commission's recommendation for a social investment policy was the establishment of a social investment fund for the City. The fund consisted of 100 million Swedish Krona and was designed so city administrations were able to apply to get money for specific policies and projects. One of the key eligibility criteria for accessing the funds was for administrations to include a strategy to calculate the cost savings that would be gained as a result of the investment in their projects, and identify the departments where these savings were due (in the form of a refund).

A few projects applied for these funds and were successful – see social services example in Box 1 (page 14). However, in the main, the funding criteria proved to be complex and problematic and the fund was subsequently abolished. Among the reasons for the fund's failure, was the fact that few actors within the municipal administration departments had the economic skills to undertake those types of assessments. The annual budgeting cycle was also not designed to accept refunds or rebates that arose from cost savings, especially where these were accrued over long periods of time as opposed to within the space of one year. The quote below provides an illustration of this challenge:

'Say, for example, you make a project or investment in preschools. The effect is shown five years later, for example, within another department. And the Swedish municipal system is you have a budget for a year and you need to use that money within a year. And the social investment fund was supposed to improve more long-term interventions. But when it comes to refund, it was two things. Hard to calculate and then hard to make it work basically, to see which actor is it that makes the refund. Also, it might not even be within the municipal area. It could be within the regional level, healthcare level, or the state level, which deals with employment, for example.

'So there's been problems with the design of the social investment fund. But some really good cases at the same time that we're now expanding and setting up elsewhere in Malmö. But this complexity... The complexity has made it that the social investment fund was finished. We decided not to have a social investment fund...'

Source: Key informant from the health sector

As part of the learning from the attempt to administer the social investment fund, the City Executive Board embarked on a programme to build knowledge and capacity in the area of economic evaluations across its administrations; it also requested suggestions for how a new policy for new social investment funds could be developed and administered in the city by the end of 2018.

Box 1: The challenge of identifying how to redistribute cost savings that arise from prevention policies within the system

'If we take one intervention that got funds from the social investment fund, the task was to decrease the number of families living on social benefits, especially with small children. Low income households. And one social service assistant or one person working within the social service has, on average, 70–90 clients per person. And that makes it only possible to support by actually saying how much money you are allowed on social benefits. You cannot support them with storytelling or with actions that can actually make you come out of your dependence on social benefits. So it's sort of a locked system where you don't get out of this system.

'So the intervention, and it's a very easy intervention, was that they got money from the social investment fund. So you had two social services people that worked with 30 clients each... Sorry, 15 clients each. So 30 in total. So instead of 70–90, you had a few and you could work more holistically with the whole family. And you could work in partnership with the education system, with unemployment services, with the business sector, trying to support them to get out of the social benefits. And the availability increased, instead of saying, "I'm reachable once every second week, an hour a week.", it was, "I'm here for you to support you. Let's do this."

'We had a control group with all social services. And within one year... I need to check this if you want to use the correct number. [...] But most of them, I think 27 out of 30, have gone out from living on social benefits to being able to support themselves. And only four in the control group. And, of course, this was a successful intervention, easy intervention, but how can you... Who is going to pay back? I don't remember the figures, but I think the savings were 3.5 million. Who is going to pay that back? Which department is it that gained that money? And how is that going to be paid back as you, at the same time, have this one-year budget in the municipal?

'So it's technical issues that really make this payment on success tricky within a municipality. So you've saved 3.5 million. And, at the same time... It's so technical, because the social benefit is not budgeted. It's not like, "OK, we have 1 billion Swedish Krona for social benefits each year." It's not budgeted. It's just costs.

'And these savings were actually made in the first year. So it was a really successful intervention. But the tricky thing was then... Yeah, yeah. It's technical issues, because social benefits are not calculated within the budget, so you still end up with the question, where do the savings go?

'So there are challenges on a systematic, structural level that sort of made it too hard. And we don't want to lose track of interventions and actions and get people to focus on improvements, instead of this tricky administrative work. Because basically you need an actual economist to help you out.'

Source: Key informant from health sector

Evaluation

The City Office led a process to undertake annual reviews of the progress being made across the different administrative departments in the City on social sustainability. Three annual reviews were published covering the years 2014–2016. These evaluations were focused on assessing the degree to which there had been a shift in culture change towards incorporating social sustainability within the policies and processes of municipal administrations. The evaluations involved interviews and text analyses looking at use of language and assessing whether specific language had been incorporated into municipality policy documents.

In addition, a scientific evaluation process was underway in 2018. The evaluation will attempt to assess the outcomes and impacts of the Commission on health equity and its determinants.

‘So we’ve written, “What do we need?” We’ve got the task from the city executive board that now the Commission has been quite a few years, it started in 2010, what can we learn from the process so far? And how can we manage to follow the health and health equity? How can we... Because the politicians made quite a few heavy decisions based on the Malmö Commission and has this had any effect on people’s health or not? Or on the social determinants of health? What is it that is effective and how should we work and how should we prioritise the work further on?’

Source: Key informant from the health sector

Those involved in evaluating the Malmö initiative recognise that measuring changes in health equity and attributing any observed changes to the Commission itself will be a challenge.

‘It’s hard to actually measure an increase or a decrease in health equity. What sort of indicators do you use? And how can you say that this is due to the work of the Malmö Commission or is it an effect of some other external factors?’

Source: Key informant from the health sector

Outcomes

It is still too early to assess the impacts of the Malmö Commission and the associated implementation processes on health equity outcomes within the city as the formal evaluation was only just commissioned in 2018.

Nevertheless, the three annual progress reviews that have been conducted to date have focused on assessing the degree to which knowledge and awareness of the Commission and its recommendations has improved and begun to be assimilated within the existing policies and practices of the different administrative departments across the city. Despite the fact that each annual review looked at a slightly different aspect of implementation, they have demonstrated progress across the city, over time, towards incorporating socially sustainable perspectives in the policies and practices. For example, 84% of the assigned actions assessed in 2016 were colour coded green, compared to 50% in 2015 (see Table 2).

Table 2. Overview of progress to date based on colour-coding of actions in the 2015 and 2017 follow up reports ^(7, 9)

Progress report	Purpose of report	Green ²	Yellow	Red	None
<i>Continuing work for a socially sustainable Malmö. Follow-up April 2015</i> [Ongoing work and development across individual administrations – 60]	This is a summary of the follow-up which was carried out in autumn 2014. It describes the ongoing work and development areas which administrations and corporations are working on. The work and the follow-up are based on the Malmö Commission's final report and proposals for action for a socially sustainable Malmö for individual administrations.	30 (50%)	20	5	5
<i>Continuing work for a socially sustainable Malmö: Follow-up of work carried out in 2016</i> [Review assignments carried out in 2016 – 32] ³	This is a summary of the follow-up which was presented to the City Executive Board on 31 May 2017. The focus is to what extent the Malmö Commission's two overarching recommendations have been put into practice by Malmö City's committees and the 32 review assignments which various administrations and committees are responsible for have been carried out.	27 (84%)	4	1	0

The following specific outcomes provide evidence of progress towards incorporating social sustainability within City processes:

² The traffic light metric for assessing progress is as follows:

Green – work has commenced or is underway and making good progress;

Amber – work has commenced or is ongoing but is facing some obstacles;

Red – the work has not commenced or has come to a standstill. <https://bit.ly/2HO6UCi>

³ Approximately 30 review assignments were initiated involving new undertakings for various city committees. The 2017 follow-up report focused on these review assignments, as the recommendations from the Malmö Commission defined as development areas and ongoing work will be followed up in the forthcoming evaluation. <https://bit.ly/2Ml6Z40>

1. The City Office has implemented a comprehensive suite of communications activities to raise awareness of the Commission and its recommendations. For example, between March 2014 and February 2015, 134 articles directly relating to the Malmö Commission and the work for a socially sustainable Malmö were published through various media, web pages, films and newsletters. In 2016, the city helped to organise conferences on human rights, social innovation and sustainable cities to support the social sustainability agenda.⁽¹²⁾
2. The ongoing political and administrative prioritisation of social sustainability is demonstrated in the annual city budgets for Malmö which now include reference to the Commission as well as specific tasks on socially sustainable investments for all committees across the municipality.^(12, 13)
3. There is evidence of community engagement and democratised governance in policy implementation as seen in the example of the city planning administration moving to a bottom-up approach to ensure community involvement in planning decisions and investments.
4. Efforts are underway to build knowledge, expertise and capacity for economic impact assessments and evaluations to assess social impacts.
5. Policies are increasingly being assessed for their social and equity impacts, including through the use of tools such as social impact assessments. The work on mapping access to culture, described earlier, and measures such as the equipment 'swap shops' are examples of this in practice.
6. The establishment of the Social Investment Fund, with 100 million Swedish Krona for projects, provides evidence of the city's commitment to invest in supporting its social sustainability objectives.
7. In 2018, an Office for Sustainable Development was established at the Malmö municipality offices to oversee the city's work on social sustainability and related developments such as the Sustainable Development Goals.

Lessons

Lessons based on what worked

Socially Sustainable Malmö is a case study that highlights a number of key factors for successful policy development and implementation. These include:

1. The extremely high visibility – socially and structurally – of the ‘problem’ meant that there was a high level of public and political support for action
2. High-level political commitment has ensured social sustainability is maintained as a priority within Malmö, with the City Board being responsible for the oversight of the policy
3. Networks and the pooling of resources can play an important role, and personal and community commitment to the policy change is needed:

‘One experience is that people were so generous with their contribution, it’s... I’m trying to understand why, and I think one is actually that you’re aware of the problems in Malmö, and if you’ve really got the question, if somebody asks you, we need your help, and we need your help because you’re important to understanding this, they wanted to help. So, I mean, we didn’t have resources to actually pay high research fees, but a little money, so I think that the... There is something there, a community involvement that you, if you’re clear enough what you need help with, you get support from almost whoever. Even Sir Marmot helped us out, really to a great extent. So, I think the cause plays a big role.’

Source: Key informant from the health sector

Lessons based on what didn’t work or is proving challenging

Measuring the effects of social investments was difficult

The benefits of social investments are often achieved in the long term, often with those making the investments not directly benefiting from the rewards. For example, the benefits of investments in children’s services were often seen much later in other sectors in the form of, for example, lower costs for social work, health care and criminal justice. An additional challenge was that of assessing and measuring the effects of democratised governance. Ongoing evaluation was identified as an area where further work needed to be developed.

Financial constraints and budget deficits hampered investment

The annual follow-up (progress reports) highlighted that budget deficits and cuts owing to the financial crisis have hampered investments in social and preventative measures. Several stakeholders reported the difficulty of preventative measures competing with core operations.

Tensions arose between annual budgets and planning cycles versus the longer-term nature of social investment

A further tension that was highlighted was the challenge of integrating social sustainability within a governance and administration system that was focused on short-term annual budget, planning and measurement cycles.

Some actors did not buy into the Commission’s work and proposals

The implementation of the Commission’s work and associated policies did not come without challenges. For example, as discussed earlier, not everyone within the municipality’s administration was behind the idea and work in the first place.. Therefore there was a need for continual framing

and re-framing of the problem and solutions to get buy-in from those with the power to do something about it:

'...when it comes to implementation, the tricky thing is the middle... It's some people within the city office and administration, because this is... It's hard work; it's not something that... It's not that you can keep on doing what you've done, from forever and ever, so we have the people now that are sort of not helping but interrupting the policy process – it's those that, within the administration, not from a political point of view anymore... You have some directors and people, ah, we've done this... It is tricky...'

Source: Key informant from the health sector

Implications for the UK

There are a number of implications for the UK that can be gleaned from the Malmö case. These fall into two categories: i) implications for local action on sustainable health impacts; and ii) what can be learned from the Commission's evaluation process.

Implications for local action

Compared with the UK, local authorities in Sweden are less reliant on central government for funding. The high rate of income tax means that more public funding is available in Malmö than would probably be the case for similar-sized UK cities. This provides an opportunity for the city to provide investment and enable experimentation in policy initiatives. However, there is a recognition that the municipality cannot, and should not, work alone.⁽²⁾

Furthermore, in Malmö there is the underpinning emphasis on health – and health inequalities – in strategy development and implementation. At least in part, physical, place-based developments and associated people-based developments undertaken in parallel were prompted by a desire for improvements in health and wellbeing. Together the place-based and people-based developments are seen as helping to deliver social sustainability.⁽²⁾ Local authorities in the UK could learn from the social investment policy example when planning for and coordinating their own joined-up work across sectors.

As identified through the Commission's process and subsequent policy implementation, the needed skills for shifting a department's mindset and implementing a new way of doing things may not be present. For example, UK cities could, where needed, build knowledge and capacity for economic evaluations. The ability to assess the costs and savings from policy interventions is key to understanding their impact on health; to their long-term sustainability; and to appropriately redistributing those costs and savings across the system.

Implications from evaluation process

As noted, measuring health equity and changes in equity is very challenging. Malmö's scientific evaluation of the Commission's work to date in 2018 will attempt to do this. Any methodological developments and findings regarding the measurement of changes in equity will be useful to both the UK government and local authorities, as well as the broader public health community. Furthermore, the evaluation's findings on if and how it is possible to attribute any changes to a complex policy 'intervention' such as Socially Sustainable Malmö, as opposed to other factors – either solely or in conjunction with the Commission's work – should be of interest for the UK.

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